## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10010963

| CLAIMS AS FILED - PART I (Column 1)                                                                                                                                                                                    |                                                |                                          |                                     |                        | (Column 2)                   |                                  |          | SMALL ENTITY TYPE |                        | OR     | OTHER THAN OR SMALL ENTITY |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|-------------------------------------|------------------------|------------------------------|----------------------------------|----------|-------------------|------------------------|--------|----------------------------|-----------------|
| TOTAL CLAIMS                                                                                                                                                                                                           |                                                |                                          | 29                                  |                        |                              |                                  |          | RATE              | FEE                    |        | RATE                       | FEE             |
| FOR                                                                                                                                                                                                                    |                                                |                                          | NUMBER FILED                        |                        | NUMBER EXTRA                 |                                  |          | BASIC FEE         | 370.00                 | OR     | BASIC FEE                  | 740.00          |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                |                                                |                                          | 29 minus 20=                        |                        | • '9                         |                                  |          | X\$ 9=            | 81                     | OR     | X\$18=                     |                 |
| INDEPENDENT CLAIMS                                                                                                                                                                                                     |                                                |                                          | ς minus 3 =                         |                        | • 2                          |                                  |          | X42=              | 84                     | OR     | X84=                       |                 |
| MULTIPLE DEPENDENT CLAIM PRESENT .                                                                                                                                                                                     |                                                |                                          |                                     |                        |                              |                                  |          | +140=             |                        | OR     | +280=                      |                 |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                               |                                                |                                          |                                     |                        |                              | olumn 2                          | ı        | TOTAL             | 535                    | OR     | TOTAL                      |                 |
| 13/31/04 CLAIMS AS AMENDED - PART II                                                                                                                                                                                   |                                                |                                          |                                     |                        |                              |                                  |          | •                 |                        | OR     | OTHER<br>SMALL             |                 |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                                                                                                                                                        |                                                |                                          |                                     |                        |                              |                                  |          | SMALL E           |                        |        | SMIALE                     | ADDI-           |
| AMENDMENT A                                                                                                                                                                                                            |                                                | REMAINING<br>AFTER<br>AMENDMENT          |                                     | NUM<br>PREVIO          | BER<br>OUSLY                 | PRESENT<br>EXTRA                 |          | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                       | TIONAL<br>FEE   |
|                                                                                                                                                                                                                        | Total                                          | • 55                                     | Minus                               | ** (                   | 29                           | = Ø                              |          | X\$ 9=            |                        | OR     | X\$18=                     |                 |
|                                                                                                                                                                                                                        | Independent                                    | * L                                      | Minus                               | *** 5                  | 5                            | <u>- Ø</u>                       |          | X42=              |                        | OR     | X84=                       |                 |
| Ľ                                                                                                                                                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                          |                                     |                        |                              |                                  | J        | +140=             |                        | OR     | +280=                      |                 |
|                                                                                                                                                                                                                        |                                                |                                          |                                     |                        |                              |                                  |          | TOTAL             |                        | OR     | TOTAL                      |                 |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                       |                                                |                                          |                                     |                        |                              |                                  |          | ADDIT. FEE        |                        | ]      | ADDIT. FEE                 |                 |
|                                                                                                                                                                                                                        |                                                | (Column 1)                               |                                     |                        | MN 2)<br>HEST                | (Column 3)<br>I                  | ו ר      |                   | ADDI-                  | l      |                            | ADDI-           |
| AMENDMENT B                                                                                                                                                                                                            |                                                | REMAINING<br>AFTER                       |                                     |                        | IBER<br>OUSLY                | PRESENT<br>EXTRA                 |          | RATE              | TIONAL                 |        | RATE                       | TIONAL          |
|                                                                                                                                                                                                                        |                                                | AMENDMENT                                |                                     |                        | FOR                          | EXIM                             |          |                   | FEE                    |        |                            | FEE             |
|                                                                                                                                                                                                                        | Total                                          | *                                        | Minus                               | **                     |                              | =                                |          | X\$ 9=            |                        | OR     | X\$18=                     |                 |
| AME                                                                                                                                                                                                                    | Independent                                    | *                                        | Minus                               | ***                    | T CLAIM                      | =                                | 4        | X42=              |                        | OR     | X84=                       | •               |
| <b>L</b>                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |                                          |                                     |                        | CLAIM                        |                                  | J        | +140=             |                        | OR     | +280=                      |                 |
| TOTAL                                                                                                                                                                                                                  |                                                |                                          |                                     |                        |                              |                                  |          |                   |                        | OR     | TOTAL                      |                 |
|                                                                                                                                                                                                                        |                                                |                                          |                                     |                        |                              |                                  |          | ADDIT. FEE I      |                        |        | ADDIT. FEE                 |                 |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                                                                                                                                                        |                                                |                                          |                                     |                        |                              |                                  |          |                   |                        |        | · · ·                      | 4001            |
| ပ                                                                                                                                                                                                                      |                                                | REMAINING                                |                                     | NUM                    | ABER                         | PRESENT                          |          | DATE              | ADDI-<br>TIONAL        |        | RATE                       | ADDI-<br>TIONAL |
| 둘                                                                                                                                                                                                                      |                                                | AFTER<br>AMENDMENT                       |                                     |                        | OUSLY<br>FOR                 | EXTRA                            |          | RATE              | FEE                    |        | TAIL                       | FEE             |
| AMENDMENT C                                                                                                                                                                                                            | Total                                          | *                                        | Minus                               | **                     |                              | =                                | ]        | X\$ 9=            |                        | OR     | X\$18=                     |                 |
| ME                                                                                                                                                                                                                     | Independent                                    | •                                        | Minus                               | ***                    |                              | -                                | ╛╽       | X42=              |                        | OR     | X84=                       |                 |
| ⋖                                                                                                                                                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                          |                                     |                        |                              |                                  | <b>J</b> |                   |                        | 0      | <b></b>                    |                 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                  |                                                |                                          |                                     |                        |                              |                                  |          | +140=             |                        | OR     | +280≈                      |                 |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  OR  ADDIT. FEE |                                                |                                          |                                     |                        |                              |                                  |          |                   |                        |        |                            |                 |
| ***                                                                                                                                                                                                                    | if the "Highest Nu<br>The "Highest Nun         | imber Previously P<br>nber Previously Pa | aid For" IN THI<br>id For" (Total o | is space<br>r Independ | us less that<br>dent) is the | ın 3, enter "3."<br>highest numb | er fo    | und in the app    | propriate bo           | x in c | okumn 1.                   |                 |
|                                                                                                                                                                                                                        |                                                |                                          |                                     |                        |                              |                                  |          |                   |                        |        |                            | S COMMERCE      |